

**Teens:** Please complete the application **Parents:** Sign

## YOUTH CORPS APPLICATION

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

T-Shirt Size: Small Medium Large X-Large

What kind of volunteering do you prefer?

**Total REC Aquatics Seniors Office**

Please list your top three job site choices:

*Call Youth Corps office for more information.*

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Are there any health problems we need to be aware of? \_\_\_\_\_

Please specify: \_\_\_\_\_

CHECK HERE if participant may need special

accommodation: ☐

Have you volunteered for Youth Corps before:

(circle or underline one) Yes No

If yes, what site did you volunteer at: \_\_\_\_\_

Application for the summer of: 20\_\_\_\_\_

List hours you can work next to the day:

Monday \_\_\_\_\_ Thursday \_\_\_\_\_

Tuesday \_\_\_\_\_ Friday \_\_\_\_\_

Wednesday \_\_\_\_\_ Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Time you need off for previous commitments:

\_\_\_\_\_  
\_\_\_\_\_

List interests and hobbies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List clubs, special skills, or activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you get to your job assignments:

(circle one) Car Bus Bicycle

Other: \_\_\_\_\_

Please list references, they may be a teacher, friend, former employer, neighbor, ect...

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation/Title: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation/Title: \_\_\_\_\_

*You will be notified of the dates for interviews, orientation, and volunteering.*

**RETURN SIGNED APPLICATION TO**

**Attention: YOUTH CORPS**

**8625 E MOUNTAIN VIEW RD.**

**SCOTTSDALE, AZ 85258**

**480-312-8376**

**FAX# 480-312-8378**

**E-mail [ParksandRec@ScottsdaleAZ.gov](mailto:ParksandRec@ScottsdaleAZ.gov)**

### Notice of Parental/Guardian Approval

By signing below I acknowledge that I have read the information regarding the City of Scottsdale Youth Corps Volunteer Programs and have had any questions that I may have answered. The applicant on this form has my permission to participate in the application process for this program. (If submitted electronically, parent needs to sign copy to bring to interview)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*The Youth Corps program is set up for teen volunteers to volunteer 1-3 days a week for an average of 15-20 hours a week. Schedules are determined by program needs, meeting selection criteria, and the volunteer availability.**